

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591417

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3				2		
4				2		
5				2		
6				2		
7				2		
8				2		
9				2		
10				2		
11				2		
12				2		
13				2		
14				0		
15				0		
16				0		
17				0		
18				2		
19				2		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				2		
27				2		
28			1			
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39				1		
40			1			
41				1		
42				1		
43				1		
44				1		
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	55	←		←
TOTAL CLAIMS			59			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						